

# Farnham Road Medical Group



## Infection Control Annual Statement

1 March 2024

### Purpose

This annual statement summarises:

- Any infection transmission incidents and any action taken (these will have been reported in accordance with our Significant Events Reporting procedures)
- Details of any infection control audits undertaken and actions taken.
- Details of any infection control risk assessments undertaken.
- Details of staff training.
- Any review and update of policies, procedures and guidelines.

### Background

The infection prevention and control lead for Farnham Road Practice is Claudette Gumbs.

### Learning events

Cold chain incidents:

- (Wexham Road Surgery 25.9.23) Refrigerated stock was not placed in fridge on day of delivery. Learning discussed at Clinical Governance meeting on 2.10.23. All staff involved reminded of the need to place refrigerated stock in fridge immediately.
- (Avenue Medical Centre) Electricity at site turned off over weekend unexpectedly by landlord. Vaccine fridges exceeded maximum temperature. Met with landlord to insist that practice is informed of all planned, and potential, electrical work before event.

Other:

- (Farnham Road Practice) Clinical waste bin was not locked when checked at 7am. Nursing team and cleaners informed and confirmed everyone has access to the bin key
- (Farnham Road Practice) urine sample was placed into a vaccine fridge by a clinician instead of into the sample fridge. All staff reminded that samples go in the sample fridge.

### Audits

The following audits have been completed in the year:

- Personal protective equipment (putting on and removing PPE)
- Environmental cleanliness
- Hand Hygiene
- Hand washing technique (clinical staff – quarterly, all staff – annual)
- Fridge cleaning

- Vaccine storage
- Aseptic technique
- Wound dressing
- Sharps bins (correct assembly, labelling and storage)

No specific actions were noted from recent audits. The annual ICB infection control audit is being arranged.

### **Risk Assessments**

A number of risk assessments were carried out and the following items noted:

- Clinical waste bags not consistently having practice name and code attached. Labels, or tags, are now generated for cleaners to use.
- 3 posters in waiting areas were not laminated. All posters are now laminated and staff reminded of the need to laminate new posters.
- Floor in the FRS admin corridor was cracked. This has not been replaced.
- Some bins in FRS had broken lids. These bins have been replaced.

### **Staff training**

At the time of the publication 94% of staff were in date for infection control training. Of those staff who were not up to date with training just under half were 6 months or less out-of-date. The individuals were informed, and completion of mandatory annual training is being monitored.

### **Policies, procedures and guidelines**

Since the last Infection Control Annual Statement, the following policies were reviewed:

Cleanliness and infection control policy	February 2024
Sharps injury policy	February 2024
Cleaning level service policy	January 2024

Cleaning plans/schedules have been updated and agreed with cleaning contractors.

**Reviewed:** March 2024

**Next review due:** March 2025

**Person Responsible:** Claudette Gumbs